

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031v
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

| | |
|------------------------|--------------------------|
| Application Number | 10/662,697 |
| Filing Date | September 15, 2003 |
| First Named Inventor | William J. Boyle, et al. |
| Art Unit | 3731 |
| Examiner Name | Webb, Sarah K. |
| Attorney Docket Number | ACS 65470 (2309D) |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below): Return Postcard |
| <input type="checkbox"/> Remarks CUSTOMER NO. 24201 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|----------------------------------|----------|--------|
| Firm Name | FULWIDER PATTON LEE & UTECHT LLP | | |
| Signature | | | |
| Printed name | Thomas H. Majcher | | |
| Date | December 20, 2004 | Reg. No. | 31,119 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|-------------------|-------------------|--------|
| Signature | | | |
| Typed or printed name | Thomas H. Majcher | Reg. No. | 31,119 |
| | Date | December 20, 2004 | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC Under the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$) !Undefined**

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | 10/662,697 |
| Filing Date | September 15, 2003 |
| First Named Inventor | William J. Boyle, et al. |
| Examiner Name | Webb, Sarah K. |
| Art Unit | 3731 |
| Attorney Docket No. | ACS 65470 (2309D) |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 06-2425 Deposit Account Name: Fulwider Patton Lee & Utecht LLP
Los Angeles, California

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2 EXCESS CLAIM FEESFee Description

| | | |
|---|-----------------|---------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | <u>Fee (\$)</u> | <u>Small Entity</u> |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| <u>Total Claims</u> | <u>Extra Claims</u> | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
|--|---------------------|-----------------|-----------------|----------------------|----------------------------------|-----------------|
| | <u>Fee (\$)</u> | <u>Fee (\$)</u> | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| -20 or HP = | 5 | x | 50 | = 250 | _____ | _____ |
| HP=highest number of total claims paid for, if greater than 20 | | | | | | |

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| - 3 or HP = | _____ | x | _____ | _____ | _____ |

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|--------------------------------------|----------------------|
| _____ | _____ | / 50 = | (round up to a whole number) x _____ | = _____ |

4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | | | |
|-------------------|--------------------------|--------------------------------------|--------|-----------|-------------------|
| Signature | Thomas H. Majcher | Registration No. (Attorney/Agent) | 31,119 | Telephone | (310) 824-5555 |
| Name (Print/Type) | <i>Thomas H. Majcher</i> | | | Date | December 20, 2004 |

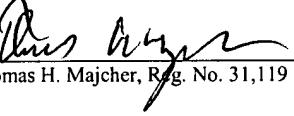
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CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 20, 2004.


Thomas H. Majcher, Reg. No. 31,119

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|--------------|---|---|-------------------------|
| Appln. No. | : | 10/662,697 | Confirmation No. 9777 |
| Applicant | : | William J. Boyle, et al. | |
| Filed | : | September 15, 2003 | |
| Art Unit | : | 3731 | |
| Examiner | : | Webb, Sarah K. | |
| Title | : | DEPLOYMENT AND RECOVERY CONTROL SYSTEMS FOR EMBOLIC PROTECTION DEVICES | |
| Docket No.: | : | ACS 65470 (2309D) | Los Angeles, California |
| Customer No. | : | 24201 | December 20, 2004 |

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

This Amendment is responsive to the Office Action of September 24, 2004, the response for which is due December 27, 2004.

Claims start on page 2.

Remarks start on page 8.

12/29/2004 MBEYENE1 00000043 10662697

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